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LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: I have just seen in the September issue of the JOURNAL a comment by one of your correspondents upon a suggestion (not original, of course) made by me as to hospital care of the insane in the course of the address I had the honor to give before the National Association of Nurses last May.

I especially regret any misunderstanding on this question, as it is one of great and immediate importance, and so I trust that you may be able to make room for the following extracts from a paper upon "The Treatment of Incipient Mental Disorder and Its Clinical Teaching in the Wards of General Hospitals," by Sir John Sibbald, M.D., former member of the Scotch Lunacy Commission. The paper was read before the Edinburgh Medico-Chirurgical Society in February last, but, unfortunately, did not reach me until after the meeting of the Nurses' Association:

"It is important, in considering the introduction of wards such as we propose into the infirmary, to recognize that they need not differ appreciably from the ordinary wards of a general hospital. The question cannot be fully discussed on the present occasion, but I hope in a few words to indicate broadly the grounds on which I express this opinion.

"It must, of course, be borne in mind that it is not proposed that patients should be kept in the wards for long periods; neither is it proposed that the wards should be places for the compulsory detention of patients. The limitation of the period of residence is important for this reason among others: that it helps to emphasize the fact that the wards are not intended for the treatment of confirmed cases. For my own part, I should be satisfied with a period of residence of not more than six weeks. Before the end of that time, if death or recovery had not taken place, it would in most cases have become evident that removal to an asylum was inevitable. The restriction as to compulsory detention would exclude such patients as, if they are to be interfered with at all, can only be dealt with under the statutory provisions which regulate the admission of patients to asylums.

"In any discussion of the arrangements of the wards, it is also necessary to keep in view the trend of medical opinion as to the treatment of mental disorder in its early stages; and there can be no doubt that this opinion has been steadily moving more and more towards the adoption of methods more closely resembling those resorted to in the treatment of bodily disease. The main indications of treatment, especially for the incipient and transient phases of mental disorder,—whether characterized by melancholic depression, maniacal excitement, mental confusion or stupor,—are to obtain repose, to induce cessation of effort, both mental and bodily, and to restore the nutritive processes to healthy action. In the great majority of cases these results are best attained by medical treatment on ordinary therapeutic principles, by rest in bed, by continuous nursing, and, in certain cases, by a discriminative application of hydrotherapy. In recent years the conviction has been growing that treatment on the lines of that asso-

ciated with the name of Weir Mitchell, which has been found so efficient in dealing with other neurasthenic conditions, is equally applicable to the early stages of mental disorder. It is not, of course, to be regarded as a panacea; but there is good reason to regard it as an essential element in the treatment which is most likely to benefit the great majority of such cases. Active exercise and occupation are no doubt invaluable in the treatment of many cases of mental disorder, but their chief use is either in cases which have not reached the stage when hospital treatment is desirable, or in cases which have passed that stage and have become suitable for treatment in an asylum. Recent experience has shown also that many of the benefits formerly supposed to be obtainable only by voluntary exercise can be better obtained by massage and similar expedients included in the Weir Mitchell method. This method, generally known among alienists as 'bed treatment,' has for many years been growing steadily in favor, chiefly under the influence at first of Guislain, of Ghent, who strongly insisted on its value in the treatment of melancholia, and more recently of Ludwig Meyer, of Göttingen, who advocated its more general use, and its efficiency is now widely recognized among asylum physicians in this country.

"The practical conclusion which, I think, we are justified in drawing from these considerations is that such asylum adjuncts as workshops, exercise-gardens, cricket-fields, and other arrangements not usually found in general hospitals would be unnecessary in connection with the proposed wards. . . . Another late development has brought wards for mental diseases more into line with ordinary hospital wards than they formerly were. This is the introduction of nursing by women in male wards of asylums. In regard to this I shall content myself with a reference to the example of the wards for mental diseases in the general hospital at Copenhagen, where the nursing staff is almost entirely female, and to the position of the matter in the Stirling District Asylum. In that asylum the chief officer on the male side under the medical staff is a lady superintendent. Out of a total of three hundred and fifty male patients, one hundred and fifteen, or nearly a third, are during the daytime entirely under the care of female nurses, and this third includes the great majority of the male patients suffering from acute forms of mental disorder. Sixty-seven of the male patients are at present under the care of female nurses both night and day. I have already indicated that hydrotherapy is useful in some early cases. To provide for this, however, it would only be necessary that a suitably fitted bath-room should be attached to the wards; and in regard to the importance of this treatment I may refer you to a valuable article on the subject by Professor Kraepelin, of Heidelberg, in the *Centralblatt für Nervenheilkunde und Psychiatrie* for December last."

These statements by a man of great authority and long practical experience make clearer than any words of mine could the sort of general hospital care desired for the insane, and whose promotion will, I believe, engage the attention and coöperation of the body of trained nurses. Very sincerely yours,

JULIA C. LATHROP.

ROCKFORD, ILL., September 12, 1902.

DEAR EDITOR: I have found so many missing nurses from the list published by you several months ago that I ask you once more to favor me. Letters to the following nurses have been returned:

Miss Lena L. Konkle, Miss Mary A. Powell, Miss Mary Stines, Miss Anna D. Schultze, Miss Margaret Scheffer, Miss K. L. McDonnell, Miss Laura E. Yea-

mans, Miss Katharine Matthewson, Mrs. Alexis Wilbur-Grey, Miss Alicia Mac kenzie, Miss Mary B. Thompson.

Also these published before: Miss Anna McCreary, Miss Janie McNeill, Miss Alice McManus, Miss Mary C. Menenger, Miss Eva Penn, Miss Minnie Willand, Miss Susan B. Houghton, Miss Mary B. Hill.

"Yours very truly,

HARRIET CAMP LOUNSBERY,
Secretary Order Spanish-American War Nurses.

DEAR EDITOR: Recently there was published in the daily papers an account of a nurse giving an injection of carbolic acid instead of oil to a typhoid patient, thereby causing excruciating suffering and the consequent death of the patient.

Since reading the above it has been in my mind frequently, and while this is offered in no spirit of criticism, or from any desire to publish the circumstance, still, should it not cause both nurses and teachers of nurses to place even greater emphasis upon all possible precautions.

One cannot refrain from wondering whether, in this case, the label was looked at before the contents of the bottle were turned out; also, why did the nurse not detect the acid through her sense of smell?

Let the explanation be what it may, all must agree that these things must not occur through any failure on the part of the instructor of nurses to use every possible means to teach them extreme caution early in their training.

N. E. C.

DEAR EDITOR: I read with much interest the letter written by M. Helena McMillan in the September edition of your JOURNAL. It certainly showed much thought, energy, and enthusiasm. I agree with the writer that the only educational salvation is to have the pupil nurses taught by nurses. But why have her away from the hospital? Couldn't there be a faculty of nurses to teach in their respective hospitals, just as the medical students are taught? Certainly, such subjects as materia medica, cooking, general nursing, obstetrics, anatomy, physiology, and hygiene could be taught by capable nurses. I have watched with keen interest for the past five years the nurses from the large general hospitals to the small sanatoriums, and have yet to find a single candidate for graduation who failed to pass. My contact with nurses for the past six or eight years has convinced me that it is not because they are the brightest and most studious of all students. Is it because their examinations are very simple, or is it because they are treated merely as a joke, a play-toy, by the examining physician?

Are they all allowed to pass and given a diploma to advertise their school, whether they have taken a creditable examination or not?

Will someone answer?

V. V., Richmond, Va.

DEAR EDITOR: There is much sympathetic interest expressed in the pages of the JOURNAL about the nursing of the insane. I would like to say that I am sure that a fine field of work is opening in that line for nurses who have the interest and courage to train for it.

It is a work that requires not only intelligence, but the finest elements of character. It is not ordinary patience and goodness that will adequately meet the demands of constant association with deranged minds. There has been great improvement in the care of the insane, but the new régime of non-restraint,

intelligent observation, diversion, require on the part of the nurse greater ability, patience, and devotion.

All this duty is a great strain on the nervous strength and sympathies of an ordinarily sensitive person. The ideas of many about what it is right that the nurse should have in the way of recreation time, food, and sleeping-accommodations are yet primitive. No one—not even the physician—who has not lived with the insane, hearing, oftentimes, day after day the vilest language or ceaseless melancholic lament, can possibly realize the horror felt by the nurse and the strain it is to bear it.

Inquiry into the length of hours and the number of patients under the nurses' care as compared with the general hospital nurse will indicate the reforms needed. No reflection is cast on the officers of the asylums, as reforms cannot be accomplished in a day, and the coöperation of many people is needed to bring about these changes.

I believe that nurses who are trained in good schools for the care of the nervous and insane should be recognized and allowed to register at the nurses' club registries for their *specialty*; no other nurses are so well fitted to care for those kinds of cases. Dr. Edward Cowles, superintendent of the McLean Hospital for the Insane, Waverly, Mass., and organizer of the Boston City Hospital Training-School for Nurses, also of the only successful system of training nurses for the care of the insane, makes the following statement in his last report, which is worthy of thoughtful consideration by all nurses:

"There is a fallacy somewhere in the position taken by the organized bodies of trained nurses in not recognizing as worthy of membership with them the graduates of schools in hospitals for the insane. It is assumed, even, that no medical nursing is done in such hospitals; it is assumed also that only in a large general hospital can the nurses receive general training, whereas the best training in the general qualifications that make a nurse personally acceptable is to be had where the capacity for adaptation to the varied traits and personalities among her patients is most brought into exercise. In the general hospitals, on the other hand, the pupil nurse is put at once into the practice of the art among patients who are expected to be obedient to her. This throughout appears to be so wholly objective that unless she has inherent certain desirable qualifications she actually acquires a dislike and a certain unfitness not only for nervous and mental cases, but for the work in private families for which a real general' training should have qualified her.

"It is quite obvious that there is some error in a course of action which should tend to repress so great a cause as the modern reform in the care of the insane which the system is effecting. The remedy for the present state of things is for the nursing guilds to foster more generously this large and important branch of nursing work. On the other hand, the schools for the insane should make use of the present advancement in the organization of strictly hospital wards and surgical departments for the improvement of the course of training for the nurses."

SARA E. PARSONS,

Graduate of the Boston and Massachusetts General Hospital and the McLean Training-Schools for Nurses.

DEAR EDITOR: Miss Rudden, in the August JOURNAL, takes exception to the out-door uniforms worn by many of the Chicago nurses and asks for opinions

from others. May a nurse who wears one of the said uniforms speak her mind on the matter?

Miss Rudden speaks as though nurses donned or discarded a uniform at will, whereas in Chicago, however it may be elsewhere, the uniform for out- and in-doors is prescribed by the hospital to which the nurse belongs, and she is bound by the articles signed by her when she enters the training-school to wear such uniform *while on duty*, whether in or out of the hospital, so that, whether the nurses wear the uniform in a "meek and holy spirit" or not, it is because their hospitals require it, and not from a desire to be conspicuous.

In regard to the uniforms worn at the alumnae convention this spring, all nurses not on duty appeared in ordinary street dress, but many on private or hospital duty were obliged to appear in uniforms or not at all.

The out-door uniform has been adopted, I think, chiefly for its protection and convenience. A nurse's hours off duty are considerably shortened if she must change from out-door uniform to street clothes and back again. It is perhaps this very thing that has driven the more careless, where no out-door uniform is provided, to wearing cap and apron on the street, or the cotton gown in combination with a Gainsborough hat, or (as I saw only the other day) a scarlet jacket.

Then the nurse attired in uniform is safe anywhere or at any hour. The garb commands as much reverence and respect as that of the nun. In my almost seven years of nursing, I have heard no unpleasant remarks regarding it, and many small courtesies have been tendered me out of respect to my uniform.

The chief objection offered to the street uniform seems to be that the clothes worn on the street are those worn in the sick-room. But doctors also come from street-cars and even more questionable places (bacteriologically speaking), and their clothes have not the advantage of being washed once or twice a week.

For obstetrics and surgery a perfectly fresh or entirely different gown is always worn, so the objection in that case is removed.

We all admit that it is a most unsuitable dress for ordinary wear, and would willingly limit it to its legitimate use for wear while on duty. But it is at present beyond the power of the individual nurse to discard it altogether, and the majority have no desire to do so.

Since many of the wearers of these street uniforms are nurses in first-class standing, graduates of our best hospitals, and are as jealous of the dignity of their uniform as any of the Eastern nurses could possibly be, we are sure our Eastern sisters will hesitate to call them immodest or unwomanly, or to accuse them of any lack of professional spirit.

EMMA MACKENZIE,

Graduate Michael Reese Hospital, Chicago.

DEAR EDITOR: Too little is said about the insufficient supplies in our hospitals. I do not refer to wealthy institutions, but the medium wealthy ones. How can nurses be taught to care for patients properly with an insufficient supply of bed-linen? A child's ward came under my observation recently. Twenty-two children, ranging from four to eighteen months old, were given thirty-eight diapers daily—one day eighteen. How can we expect a nurse to come from that ward conscientious and painstaking. If the services of a carpenter were secured to erect a three-story brick house, and bricks sufficient for a two-story building were furnished, we would be considered insane were we to

demand a three-story house, and yet we ask its equivalent of our pupil nurses in a large number of hospitals. The ambition of our hospitals is to send out an annual report with a large number of patients, aiming to increase that number each year. Nothing is done to increase the ward supplies, that this increased number of patients may be properly cared for. In the face of this glaring fault we constantly hear the question raised, "Why is it that institutional children do not do as well as children reared in our crowded tenements?" If a hospital has room sufficient to accommodate one hundred and twenty-five patients, with clothing and bed-linen, trays, etc., for properly caring for only seventy-five, why increase the number to one hundred and twenty-five? We accomplish more good by properly caring for the seventy-five than improperly caring for one hundred and twenty-five. Our hospitals are certainly institutions for the advancement of good.

E. L. FOELKER.

DEAR EDITOR: First, I want to thank you for your earnest effort to make your—or shall I say "our"—JOURNAL such a useful, interesting magazine. I am wondering now what I ever did without it. I always put in a good word for it to every nurse I meet. Next, I want to thank Miss L. Y. Strum for her excellent letter about small hospitals. As superintendent of another small hospital I want to say that I can thoroughly indorse it. I know by experience that every word she writes is absolutely true. There may be hospitals run for gain, but if there are, I have not come in contact with them. In those hospitals in which I have served the trustees and medical staff have given freely and gratuitously of their time and labor.

Your article on "The Influence that Makes a School" was the only thing needed to finish off and round out Miss Strum's letter.

Sincerely thanking you both, very truly yours,

(MRS.) M. H. LAURANCE,

Superintendent Rex Hospital, Raleigh, N. C.

DEAR EDITOR: I would like, if I may, to use the JOURNAL to ask all of the graduate nurses of the State of West Virginia to confer with us as to the advisability of establishing a State Nurses' Association for the purpose of registration and legislation. All graduate nurses of this State are asked to take an active part in this very important matter. Cordially yours,

MARY GAULE,

Chief Nurse Chesapeake and Ohio Railroad Hospital, Huntington, W. Va.

DEAR EDITOR: I have answered the "Pittsburg District Nurse's" questions, which, however, are covered in the article on "Visiting Nurse Work" in the April, 1902, number of the JOURNAL.

H. F.

1. Never more than ten working calls.
2. Eight hours, but the district nurse finds it impossible to have a prescribed time for leaving her work. Nurses in Chicago frequently work twelve hours.
3. Some societies require this. It is not generally done in the regularly organized associations.
4. No, unless a regular nurse is employed to answer night-calls only.
5. Forty-five dollars, fifty dollars, sixty dollars, is the general salary. This does not include any living expenses.

6. In the cities named the nurse's expenses average from thirty dollars to thirty-five dollars per month.

7. Boston and Philadelphia organized about the same time, 1886.

ONE of our readers in Duluth, Minn., closes a business letter with the following expression of appreciation of the JOURNAL:

"We appreciate the JOURNAL very much. Its up-to-date attitude and the high ideals it stands for help us all in the rush and anxiety of our work. Miss Melsaac's plea in a recent number for nurses' recreation was timely. We must educate ourselves to the idea that recreation—theatre, walking, driving—makes us brighter and more companionable, and a dull nurse is an unnecessary calamity.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



REPLACING TEETH.—Dr. S. J. Bloomfield, of Sherbrooke, Quebec, reports in the *Dominion Dental Journal* that he replaced two central incisor teeth in a boy's mouth very successfully. They had been knocked out by a stone and were brought, covered with mud, an hour after the accident. The pulp tissue was extracted and the cavity dried and filled with gutta-percha. The teeth and mouth were cleaned as thoroughly as possible, the teeth placed in position, and held by a splint made of soft impression compound pressed over the teeth and gum. This was changed three times and removed after ten days, leaving the teeth as firm as ever.

OPERATIONS DURING PREGNANCY.—The *Boston Medical and Surgical Journal*, quoting from a foreign exchange on this subject, says: "Whether extraction of teeth exerts a bad influence upon existing pregnancy is a question of interest to physicians and dentists alike. The author thinks with a normal uterus any necessary operation may be undertaken. Only in operations upon certain parts which have a special relation to the genital function must the possibility of an interruption of the pregnancy be taken into account. With a healthy uterus the month of the gestation does not make any difference. Whenever necessary teeth should be extracted without considering the pregnancy, so with other dental procedures and operations."